

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20331**

FILED JUL 15 1957

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 326	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (in this place) 1 Day		c. CITY OR TOWN Advance		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION SOUTHEAST MO. HOSP.				STREET ADDRESS (If rural, give location) 1030			
3. NAME OF DECEASED (Type or Print) a. (First) Polly Ann		b. (Middle) Sims		c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) July 2, 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN. 17, 1869	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEHOLD		11. BIRTHPLACE (City and State or Foreign Country) Near Ball City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm Bell, neers		13b. MOTHER'S MAIDEN NAME Sarah J. Goza		14. NAME OF HUSBAND OR WIFE N. H. Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or date of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs Bernice Moore, Advance, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Coronary Thrombosis (Infarction)				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) (Original Syndrome)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-2 , 19 57 , to 7-2 , 19 57 , that I last saw the deceased alive on 7-2 , 19 57 , and that death occurred at 10:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Chas. M. Fata M.D.				23b. ADDRESS 714 Broadway		23c. DATE SIGNED Mo. 7-6-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-5-57		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill		24d. LOCATION (City, town, or county) (State) Stoddard Co. Mo.	
DATE REC'D BY LOCAL REG. 7-8-57		REGISTRAR'S SIGNATURE G. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Morgan ADDRESS Advance, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Wm H. Morgan*

Licensed Embalmer No. *4640*

P. O. Address *Advanah*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.